# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2006**
**Secretary of State**

DOCUMENT# N03000001783

**Entity Name:** PRELUDE CHAMBER MUSIC, INC.

**Current Principal Place of Business:**

4770 APACHE AVE
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4770 APACHE AVE
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number: 05-0558398** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

MAJORS, JEANNE J
4770 APACHE AVE
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MAJORS, JEANNE J
Address: 4770 APACHE AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: HUMBERT, VERNON
Address: 1440 LIVE OAK LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: CHAPPELL, CHRIS
Address: 564 MATTERHORN ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: PFOHLELL, CAROLYN D
Address: 4121 NISIDA PALCE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: HAGAN, NORMA G
Address: 808 INWOOD TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: BAILEY, KRISTIN L
Address: 7843 MANORS OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MS. NORMA HAGAN D 05/02/2006
Electronic Signature of Signing Officer or Director Date